

SENIOR AND LONG TERM CARE DIVISION
DIRECT- CARE WORKER SURVEY
FOR NURSING FACILITY/SWING BED WORKERS

The following health care survey is intended to gather information to be used by the Department in meeting SB 206 requirements to study the feasibility of providing funding for employees health insurance.

Please take a few minutes to complete this survey, and you may be able to use your employer's fax machine or return it to your employer for mailing back to the Department.

A. Do you currently have health insurance for yourself? (check one)

- 1. ☐ Yes
- 2. ☐ No

B. If yes, do you have coverage for your family? (check one)

- 1. ☐ No
- 2. ☐ Yes, my spouse only
- 3. ☐ Yes, my spouse and children
- 4. ☐ Yes, my children only

C. If you do not have health insurance, please indicate the reason why. (check one)

- 1. ☐ My employer does not offer health insurance
- 2. ☐ The health insurance my employer does offer is too expensive.
- 3. ☐ I do not qualify for my employer's health insurance

D. If you do have health insurance, what is the source of your coverage? (check one)

- 1. ☐ I am insured through my employer.
- 2. ☐ I am insured through my spouse's employer.
- 3. ☐ I am insured through my parent's insurance
- 4. ☐ I am enrolled in the Medicaid program.
- 5. ☐ I have Medicare
- 6. ☐ I have IHS (Indian Health Service)
- 7. ☐ I have Tri-Care
- 8. ☐ Other Health Insurance. Please describe: _____

E. How old are you? _____

F. Gender (check one)

- 1. ☐ Female
- 2. ☐ Male

G. Are you married? (check one);

1. ☐ Yes
2. ☐ No

H. How many children do you have who are under the age of 21? _____

I. How many of your children are currently enrolled in the Medicaid program? _____

J. How many of your children are currently enrolled in the Children's Health Insurance Program (CHIP)? _____ (For information about enrolling in CHIP, please call 1-877-543-7669)

K. Have you ever been or are you currently enrolled in the Temporary Assistance for Needy Families (TANF) program (check one)?

1. ☐ currently enrolled
2. ☐ Yes – have been enrolled TANF
3. ☐ No – have not been enrolled in TANF

L. If your employer offered health insurance at no cost to you, would you participate in the coverage (check one)?

1. ☐ Yes
2. ☐ No If not, why: _____

M. If your employer offered insurance and you were required to pay a portion of the monthly premium, how much would be willing to pay each month? (please check those that apply)

Amount Willing to Pay	Self	Self & Spouse	Self & Children	Family Coverage
\$ 1.00 - \$10.00 per month				
\$11.00 - \$20.00 per month				
\$21.00 - \$30.00 per month				
\$31.00 - \$40.00 per month				
\$41.00 - \$50.00 per month				
\$51.00 – \$100.00 per month				
\$101.00 – \$150.00 per month				
\$151.00 - \$200.00 per month				
more than \$200.00 per month				

N. If your employer offered insurance would you be interested in covering your spouse and children (check one)?

1. ☐ No
2. ☐ Yes, my spouse only
3. ☐ Yes, my spouse and children
4. ☐ Yes, my children only

O. What is your total annual family income?

1. _____ Under \$24,000.00 per year
2. _____ \$24,001.00 to 35,000.00 per year
3. _____ \$35,001.00 – 50,000.00 per year
4. _____ \$50,001.00 or more per year

P. What is the name of the facility where you work? _____

Q. How many hours per week do you work (average) at the facility?

1. _____ 40 or more
2. _____ 30 -39
3. _____ 20-29
4. _____ Less than 20

R. How long have you worked at a facility providing direct care services to residents? _____

S. What is your job title:

CNA	_____	Social Services	_____
LPN	_____	Housekeeping	_____
RN	_____	Laundry	_____
Activities	_____	Dietary	_____
Other: Identify	_____		

T. If you are now working part-time as a direct care worker and you had to work an average of 20 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)

1. Yes, I would try to work 20 or more hours per week so I could get health insurance _____
2. No, I won't be able to work 20 or more hours per week _____
3. I already work more than 20 hours per week most of the time. _____

U. If you are now working part-time as a direct care worker and you had to work an average of 30 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)

1. Yes, I would try to work 30 or more hours per week so I could get health insurance _____
2. No, I won't be able to work 30 or more hours per week _____
3. I already work more than 30 hours per week most of the time. _____

V. How important do you think it is that the employers that provide Medicaid direct care services be able to offer health insurance to their employees such as you and the others that provide these direct care services. (please check one)

1. Extremely important _____

2. Very important _____
3. Somewhat important _____
4. Not that important _____
5. Not important at all _____

W. Comment section (feel free to write in your thoughts or comments on this Healthcare Issue for Direct Care Workers):

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Remember to return this survey by June 23, 2008!

Please fax your survey responses to 444-7743;

or return it to your employer for mailing back to the Department;

or by email to rnorine@mt.gov

Or mail to: DPHHS
 SLTC
 Attn: Rick Norine
 PO Box 4210
 Helena, MT 59604

Any questions should be directed to Rick Norine at 444-4209.